

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Patriot Prosperity Political Action Committee

ADDRESS (number and street) ▼

P.O. Box 65102

☐ Check if different than previously reported. (ACC)

Washington

DC

20035

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00525386

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

NY

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

10

01

2014

through

M M M / D D D / Y Y Y Y Y Y

11

24

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Satterfield

Signature of Treasurer

David Satterfield

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

12

04

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Patriot Prosperity Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
11		24		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2014</div>		<div>34050.04</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>87806.54</div>	
(c) Total Receipts (from Line 19) .....	<div>30000.00</div>	<div>334100.00</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>117806.54</div>	<div>368150.04</div>
7. Total Disbursements (from Line 31).....	<div>109176.50</div>	<div>359520.00</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>8630.04</div>	<div>8630.04</div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Patriot Prosperity Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 10 01 2014

To:

 M M / D D / Y Y Y Y  
 11 24 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

30000.00

334100.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

30000.00

334100.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

30000.00

334100.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

30000.00

334100.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

30000.00

334100.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	8766.50	82122.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	8766.50	82122.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	100410.00	277397.22
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	109176.50	359520.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	109176.50	359520.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	30000.00	334100.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30000.00	334100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	8766.50	82122.78
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	8766.50	82122.78

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 9

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Patriot Prosperity Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Lightbeam Health Solutions LLC**

Mailing Address 5215 N O'Connor Rd  
Suite 2650C

City Irving State TX Zip Code 75039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 01 / 2014

**Transaction ID : SA11AI.4412**

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. M2G**

Mailing Address 30 Burton Hill Blvd  
Ste 325

City Nashville State TN Zip Code 37215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

10 / 28 / 2014

**Transaction ID : SA11AI.4414**

Amount of Each Receipt this Period

25000.00

Contribution

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30000.00

30000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 9

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Patriot Prosperity Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Arent Fox LLP**

Mailing Address 1717 K Street NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement  
Legal, accounting, administration

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

**Transaction ID : SB21B.4417**

Amount of Each Disbursement this Period

1	3	6	4	.	5	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. JMC Strategies LLC**

Mailing Address 28624 Via D'Arezzo

City	State	Zip Code
Bonita Springs	FL	34135

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

**Transaction ID : SB21B.4418**

Amount of Each Disbursement this Period

7	3	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8	6	6	4	.	5	0
---	---	---	---	---	---	---

8	6	6	4	.	5	0
---	---	---	---	---	---	---

Full Name of Payee <b>Baker Sound Studios Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1821 Ranstead Street		Amount 850.00	
City Philadelphia	State PA	Zip Code 19103	<b>Transaction ID : SE.4400</b> Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Media Production		Category/ Type 004	
Name of Federal Candidate SEAN PATRICK MALONEY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 70850.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Multi Media Services Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 915 King St 2nd Floor		Amount 70000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : <b>SE.4398</b> Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Media Placement		Category/ Type 004	
Name of Federal Candidate SEAN PATRICK MALONEY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 70000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	70850.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 9 OF 9  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Patriot Prosperity Political Action Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00525386	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M / D D / Y Y Y Y Y Y	
Full Name of Payee <b>Multi Media Services Inc</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>10 / 31 / 2014</b>	
Mailing Address <b>915 King St 2nd Floor</b>		Amount <b>25000.00</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE.4410</b>
Purpose of Expenditure <b>Media Placement</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate <b>SEAN PATRICK MALONEY</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>18</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NY</b>
Calendar Year-To-Date Per Election for Office Sought		<b>100410.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>Sam Ramsey Films</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>10 / 21 / 2014</b>	
Mailing Address <b>2800 Bartons Bluff Lane #309</b>		Amount <b>4560.00</b>	
City <b>Austin</b>	State <b>TX</b>	Zip Code <b>78746</b>	Transaction ID : <b>SE.4401</b>
Purpose of Expenditure <b>Media Production</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate <b>SEAN PATRICK MALONEY</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>18</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NY</b>
Calendar Year-To-Date Per Election for Office Sought		<b>75410.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>29560.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶		<b>100410.00</b>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>David Satterfield</i>		Date M M / D D / Y Y Y Y Y Y <b>12 / 04 / 2014</b>	
		[Electronically Filed]	